North Carolina Department of Health and Human Services
Division of Facility Services
Adult Care Licensure Section
2708 Mail Service Center
Raleigh, NC 27699-2708

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Date_____By_____
Data Entry_____

INITIAL LICENSE APPLICATION FOR ADULT CARE/FAMILY CARE HOMES 2006

PLEASE READ CAREFULLY

- Steps to opening a Family Care or Adult Care Home can be found on the DFS Website: http://facility-services@state.nc.us. Please read this information before completing this application.
- Incomplete applications or applications without a fee will delay the process
- Your annual fee must accompany this application.
- Complete All Blanks, if not applicable mark N/A

For the purpose of this application the follow definitions apply:

The following definitions shall apply throughout this application:

(1) "Person" means an individual; a trust or estate; a partnership; a corporation; or any grouping of individuals, each of whom owns five percent or more of a partnership or corporation, who collectively own a majority interest of either a partnership or a corporation.

(2) "Owner" means any person who has or had legal or equitable title to or a majority interest in an adult care home.

(3) "Affiliate" means any person that directly or indirectly controls or did control an adult care home or any person who is controlled by a person who controls or did control an adult care home. In addition, two or more adult care homes who are under common control are affiliates.

(4) "Principal" means any person who is or was the owner or operator of an adult care home, an executive officer of a corporation that does or did own or operate an adult care home, a general partner of a partnership that does or did own or operate an adult care home, or a sole proprietorship that does or did own or operate an adult care home.

(5) "Indirect control" means any situation where one person is in a position to act through another person over whom the first person has control due to the legal or economic relationship between the two.

Part A Facility Information

The name on this line is the name of your facility, as it is/will be printed on your license

Facility Name:_____(Exact name on your current license)

Facility Site Address: _____

(This address is the physical location of your facility)

_____

County: _____

Facility Telephone: _____

Facility Fax: _____

Correspondence Mailing Address ***(where you want to receive your mail, including the license*)**:

Contact Person_____(Person who can make licensure and operational decision about the facility)

Address: _____

_____

Part B Operation Disclosure

1. **Certified or Qualified Administrator(s**): (If the home is 6 beds or less, lists your qualified administrator. If the home is 7 beds or more, you **must** include the administrator's certificate number)

Name: _____

Address: _____City _____

State ____ Zip_____County_____Telephone#: __(___)_____

Fax (__)_____

Social Security Number: _____Administrator Certificate No. (**if 7 beds or more**)_____

Percentage Interest in this Facility: _____

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2. MANAGEMENT COMPANY: If facility is managed by a company ***other than the licensee***, provide the following information about the Management Company:

Name:_____

Address:_____

Telephone Number (_____)_____Fax Number (_____)_____

Percentage of Ownership Interest in this Facility: _____

3. LEGAL IDENTITY OF LICENSEE

The preprinted name, address and phone number(s) is the data we currently hold for the facility/business owner. This is the name printed as "licensee" on the license. If this name appears incorrectly, please mark through in and print the name, as it should appear on the license. If any information is missing, please complete.

Licensee on current License _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone #: (____) _____ Fax (_____) _____

Federal Tax ID number of Owner/Licensee**:** _____

Percentage of Ownership Interest in this Facility: _____

Legal entity is: _____ For Profit _____ Not for Profit

Legal entity is:
_____ Proprietorship
_____ Corporation _____ Limited Liability Company
_____ Partnership _____ Limited Liability Partnership
_____ Government Unit

4. If the "licensee" is a corporation or partnership list the name of the Executive Officer or General Partner.
Executive Officer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone #: (_____) _____ Fax (_____) _____

Percentage of Ownership Interest in this Facility: _____

5. **Building Owner:** If the above entity (partnership, corporation, etc.) ***does not*** own the building from which services are offered, provide the following information:

Name: _____ Phone #: (____) _____ Fax (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Percentage of Ownership Interest in this Facility: _____

Part C Ownership Disclosure

1. OWNERS, PRINCIPLES, AFFILIATES, SHAREHOLDERS

If no individual holds an interest of 5% or more please sign the statement below:

There are **no owners, principles, partners, and affiliates of shareholders who hold an interest of 5% or more** of the entity applying for or renewing a license:

Signature _____ Title _____ Date _____

Complete the information below on **all** individuals or entities who are owners, principles, affiliates or shareholders holding an interest of **5% or more** of the applicant entity. Attach additional pages if necessary. *We ask that you voluntarily provide your social security number with the understanding that it will be used only as an identification number for internal record keeping and data processing.*

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # of Shareholder: (_____) _____ Fax (_____) _____

Percentage interest in this facility: _____ Title: _____

List the names of other Family Care/Adult Care homes in which you are the owner or affiliate_____

_____

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # of Shareholder: (_____) _____ Fax (_____) _____

Percentage interest in this facility: _____ Title: _____

List the names of other Family Care/Adult Care Home in which you are the owner or affiliate_____

_____

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # of Shareholder: (_____) _____ Fax (_____) _____

Percentage interest in this facility: _____ Title: _____

List the names of other Family Care/Adult Care homes in which you are the owner or affiliate_____

_____

2. EXTENSIONS IN OWNERSHIP

North Carolina General Statute also requires information about "affiliates" of the applicant entity.

(a) Is the applicant entity controlled by any other organization that operates licensed adult care facility? Yes _____ No _____

(b) Does the applicant entity control any other organizations that control any other licensed adult care facilities? Yes _____ No _____

(c) Does the applicant entity control other adult care homes? Yes____ No_____

(d) If the answer to (a), (b) or (c) above is "Yes" list the name of the other organization(s) and provide the requested information on the individuals who control 5% or more of that organization. Attach additional pages if necessary.

Person/Organization Name: _____
Facility Name: _____ Federal Tax ID Number: _____
Address: _____
City: _____State:_____Zip Code:_____
Organization Phone #: (_____) _____Fax (_____) _____
Percentage of ownership Interest_____
List the names of other Family Care/Adult Care homes in which you are the owner or affiliate_____
_____

Person/Organization Name _____
Facility Name:_____Federal Tax ID Number: _____
Address: _____
City: _____State:_____Zip Code:_____
Organization Phone #: (_____) _____Fax (_____) _____
Percentage of ownership Interest_____
List the names of other Family Care/Adult Care homes in which you are the owner or affiliate_____
_____

Person/Organization Name: _____
Facility Name: _____ Federal Tax ID Number: _____
Address: _____
City: _____State:_____Zip Code:_____
Organization Phone #: (_____) _____Fax (_____) _____
Percentage of ownership Interest_____
List the names of other Family Care/Adult Care homes in which you are the owner or affiliate_____
_____

3. **Current total <u>monthly</u> private pay charge (average base plus add-ons if more than one price) for:**

4. **Monthly Private Room (1bed/room) $_____**
5. **Monthly Semi-Private (2 beds/room) $_____**
6. **Monthly 3 or more beds/room $_____**

7. **Licensed Capacity (approved) _____**

8. **Is your facility advertised, marketed, or promoted as providing a special care unit for residents with special needs such as Alzheimer's Disease or related disorders, mental health disabilities, or developmental disabilities? YES___ NO___**

9. ***If <u>"YES,"</u> prepare a disclosure statement according to the attached "Format for Special Care Unit Disclosure Statement" and submit it with this application unless such a statement has already been submitted. If your disclosure statement has been revised, please submit the revised statement, which must also be provided to the special care unit residents or their authorized representative.***

10. **Check any that apply:**

Alzheimer's <u>Special Care Unit</u> in facility (Rules 13F .1300 apply) # of beds _____
Mental Health Disability <u>Special Care Unit</u> (Rules 13F .1400 apply) # of beds ____

11. **Check if apply**

This Adult Care Home serves <u>Only</u> elderly persons.
***Persons age 55 or older or who have a primary diagnosis of Alzheimer's disease or other form dementia that require assistance with activities of daily living*.**

12. **If Family Care Home : ☐ Ambulatory ☐1-3 Non-Ambulatory ☐ 4 + Non-Ambulatory**

Authenticating Signature: The undersigned submits this application for licensure for the year 2006 in accordance with Article 1 Chapter 131 D of the General Statutes of North Carolina and to the rules adopted there under by the North Carolina Medical Care Commission (10A NCAC13F) and certifies the accuracy of this information.

Signature: _____ Date: _____

<u>Please be advised</u>, the license fee <u>must</u> accompany the completed application and be submitted to the Adult Care Licensure Section, Division of Facility Services, <u>prior</u> to the issuance of an Adult Care license.